

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ISLAND NURSING HOME

1205 ALEXANDER STREET
HONOLULU, HI 96826

2015 MAR 13 P 3:31

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
4 000	11-94.1 Initial Comments A re-licensing survey was completed on 02/13/2015. Entrance to the facility was on 02/09/2015 with a resident census of 41 and a bed count for 42.	4 000	11-94.1-21 Arrangement for Services	
4 098	11-94.1-21 Arrangement for services When the facility does not employ a qualified person to render a required or necessary service, it shall have a written agreement or contract with a qualified outside person or provider to provide the needed service. This Statute is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to maintain resident care equipment in a safe operating condition for 4 of 4 ventilator dependent residents and 3 of 10 residents receiving enteral nutrition via enteral feeding pumps of the 27 in the residents sample. Findings include: On 2/12/15 at 10:39 A.M., concurrent observation with the Director of Maintenance found the ventilator check dates written on the yellow stickers on Residents #42, #18, #20 and #5's ventilators revealed they were overdue from 2013. The two back-up ventilators also had expiration dates from 2013. For Residents #42, #18 and #5, it was also found their enteral feeding pumps had not been inspected for the past year. On 2/12/15 at 1:51 P.M., during an interview with the Administrator, he stated the vendors were supposed to have kept up with the exchanging of the ventilators. He stated that on the Island	4 098	<p>1. <u>Corrective Action for Resident in Sample:</u> All ventilator equipment in use during the survey were within the recommended maintenance cycle, however, they were overdue for an annual inspection, as per facility's policy. On 2/18/2015, four inspected ventilators were received by the vendor to replace the four ventilators in use in the survey sample. The ventilators were exchanged and the uninspected ventilators were sent back to the vendor for inspection and/or servicing. Three additional inspected ventilators were received on 3/5/15 & 3/6/15 to replace the three back up ventilators. The backup ventilators were exchanged and the uninspected ventilators were sent back to the vendor for inspection and/or servicing.</p> <p>All enteral feeding pumps in the facility were inspected by Maintenance between 2/13/15 to 2/16/2015 according to the manufacturer's recommended annual test and all enteral pumps were tagged with the date of inspection and next inspection due date.</p> <p>2. <u>Identification of Other Resident Having the Potential of Being Affected:</u> All other resident care equipment (regardless of equipment ownership) were identified to determine if all inspections and/or servicing were conducted, as per manufacturer's recommendations. All other resident care equipment that was determined to require inspection and/or servicing were completed.</p> <p>3. <u>Corrective Action/Systemic Changes:</u> All resident care equipment are now included in the maintenance logs and are tracked (regardless of equipment ownership) to assure timely inspections and/or servicing are conducted and</p>	<p>3/6/15</p> <p>2/16/15</p> <p>2/28/15</p>

Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Julius M. Gage

Administrator

3/13/15

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4 098	Continued From page 1 however, the vendors had stopped servicing the ventilators as well as the enteral feeding pumps and this contributed toward the lack of at least an annual inspection of their equipment. The Administrator stated 5 new ventilators were to arrive from the mainland the following week. In addition, the Administrator and Head of Maintenance confirmed they had no log/monitoring sheet to track all their resident care equipment or the last time each item was serviced, exchanged or repaired. Review of the facility's policy, "Equipment Management Program," Chapter XV, Section 134, stated: "Policy - The Equipment Management Program is designed to assess and control the clinical and physical risk of fixed and portable equipment used for the diagnosis, treatment, monitoring, and care of residents and of other fixed and portable electrically powered equipment. Procedures...B. A current, accurate, unique inventory is kept of all inventory included in the program, regardless of the equipment's ownership or purpose. 1. Each piece or type of equipment listed in the inventory has written equipment-testing procedures...a. Each piece of equipment is tested prior to initial use and at least annually thereafter; such testing is documented." The Head of Maintenance and the Administrator verified there were no logs kept in accordance with their own policy.	4 098	11-94.1-21 Arrangement for Services (Contd.) are adhered to, as per manufacturer's recommendations. 4. <u>Monitoring of Corrective Actions to Ensure No Recurrence:</u> The QAAC shall monitor all resident care equipment, regardless of equipment ownership, through the Maintenance quarterly QA report to ensure timely inspections and/or servicing are conducted, as per manufacturer's recommendations.	2/18/15 2/28/15 Ongoing
4 102	11-94.1-22(d) Medical record system (d) Records to be maintained and updated, as necessary, for the duration of each resident's stay shall also include:	4 102		

Office of Health Care Assurance
STATE FORM

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4 102	Continued From page 3 and receive pain medication. During a concurrent record review on 2/11/15 at 10:34 A.M. with licensed nurse (LN) #2, it was noted the resident was given Tylenol elixir 20 ml or 650 mg on 2/6/15 for pain. LN #2 said the pain medication was specific for fever for that physician's order. However, in reviewing the nurse's entry on that day, she said there was no documentation or reason why it was administered. She confirmed Res #18 did not have a fever based on the vital signs. LN #2 said in addition, the physician would have been notified and a recheck of the resident would be documented, but it was not found. On 2/11/15 at 12:30 P.M., during an interview with LN #1, she stated it was her nursing entry error. She confirmed Res #18 did complain of pain to her legs, and although the pain was not too bad, she offered the Tylenol which the resident accepted. LN #1 said however, she documented it for fever and should have documented it in the MAR for pain. LN #1 also said she usually asks the resident to rate her pain, but "it wasn't too bad." LN #1 said she also reassesses the pain after giving the medication, but this time she got busy and forgot to do so. LN #1 verified it was her clinical entry error and she did not do a follow-up reassessment as well. On 2/12/15 at 3:15 P.M., the Director of Nursing (DON), produced the policy on pain management. She stated the licensed staff are to document accurately and are required to do a reassessment whenever a pain medication is given as outlined in their policy.	4 102	11-94.1-22(d) Medical record (Contd.) 3. Corrective Action/Systemic Changes: An all licensed staff meeting was conducted to review the facility PRN medication administration policy, and to discuss the importance of thorough assessment, before and after administration of PRN medication, and document them, as outlined in our facility policy, on PRN medication administration. All residents' records will be audited by the DON or the designee monthly, to ensure that every PRN medication given is being accurately documented, reflecting the results of thorough assessment, before and after the administration of PRN medication, as outlined in our facility's policy. 4. Monitoring of Corrective Actions to Ensure No Recurrence: The DON or the designee will conduct an audit of all residents' records monthly, to ensure all licensed staff's compliance, of required assessments and accurate documentation, as outlined in the facility's policy on PRN medication administration. The results of the audit will be reported to the quarterly QA meeting, and necessary actions will be implemented as appropriate.	2/23/15 3/31/15 Ongoing
4 115	11-94.1-27(4) Resident rights and facility practices	4 115		

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4 115	Continued From page 5 partially into the resident's mouth, which came right out and spilled down onto her chin. CNA #1 quickly wiped it up and said, "Sometimes, I try the food first." The resident was not awake, although her mouth was partially open while sitting propped up. CNA #1 also tapped the metal spoon directly into the food bowl that made a loud "tac, tac, tac, tac" sound. CNA #1 also pressed and tapped the resident's right shoulder with her fingers in an attempt to awaken Res #12. The resident continued to snore softly and did not open her eyes. CNA #1 did not make an attempt to awaken the resident by calling out her name, talk into her ear to explain breakfast was at bedside and/or sit beside the resident.	4 115	11-94.1-27(4) Resident rights and facility practices (Contd.) A review in-service on proper feeding techniques will be conducted to all staff, to ensure that all residents are free from risk of aspiration during feeding.	3/23/15
4 160	11-94.1-41(b) Storage and handling of food (b) Effective procedures to promptly and consistently clean all equipment and work areas shall be enforced. This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the kitchen staff followed proper sanitation practices for the manual washing and sanitizing of dishes using the 3 compartment sink. Findings include: During the initial kitchen tour on 2/9/15 at 6:59 A.M., the head cook demonstrated the use of their 3 compartment sink used for manual washing and sanitizing of dishes. The head cook dipped a test strip into the compartment containing the iodine sanitizing solution "for 60 seconds," but removed it approximately 30	4 160	4. <u>Monitoring of Corrective Actions to Ensure No Recurrence:</u> The DON or the designee, the Activity Director at the dining room, and the charge nurses on the floors, will monitor the staff daily during care, during feeding, and when assisting the residents. All observations will be documented, and reported to the quarterly QA meeting, and necessary actions will be implemented by the DON, as appropriate.	2/13/15 Ongoing

